

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
LEDER-0014

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIBODY TOOLS FOR THE DIAGNOSTIC USE IN THE MEDICAL THERAPY WITH INHIBITORS OF HISTONE DEACETYLASES

the specification of which (check only one item below):

- ☐ is attached hereto.
- ☐ was filed as United States application
Serial No. _____
on _____
and was amended
on _____ (if applicable).
- ☒ was filed as PCT international application
Number PCT/EP2003/010842
on September 30, 2003,
and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION NUMBER(S)	COUNTRY	FOREIGN FILING DATE (MM/DD/YYYY)	PRIORITY NOT CLAIMED
02021984.6	European	09/30/2002	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorneys and agents at Millen, White, Zelano & Branigan, PC that are associated with **Customer Number 23599** to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. **23599**

Telephone No.
703/243-6333

Direct Telephone Calls to:

Combined Declaration for Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
LEDER-0014







201	FULL NAME OF INVENTOR	FAMILY NAME PELICCI	FIRST GIVEN NAME Giuseppe	SECOND GIVEN NAME Pier
	RESIDENCE & CITIZENSHIP	CITY Opera	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Via Emilia 10	CITY Opera	STATE & ZIP CODE/COUNTRY I-20090, Milan Italy
202	FULL NAME OF INVENTOR	FAMILY NAME MINUCCI	FIRST GIVEN NAME Saverio	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Opera	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Via Don Minzoni 1	CITY Opera	STATE & ZIP CODE/COUNTRY I-20090, Milan Italy
203	FULL NAME OF INVENTOR	FAMILY NAME PICCINI	FIRST GIVEN NAME Daniele	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Locate de Triulzi	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Via Nenni 67	CITY Locate di Triulzi	STATE & ZIP CODE/COUNTRY I-20085, Milan Italy
204	FULL NAME OF INVENTOR	FAMILY NAME MACCARANA	FIRST GIVEN NAME Marco	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Seriate	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Via Gran San Bernardo 32C	CITY Seriate	STATE & ZIP CODE/COUNTRY I-24068, Bergamo Italy
205	FULL NAME OF INVENTOR	FAMILY NAME RONZONI	FIRST GIVEN NAME Simona	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Mariano Comense	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Viale Lombardia	CITY Mariano Comense	STATE & ZIP CODE/COUNTRY I-22066, Como Italy
206	FULL NAME OF INVENTOR	FAMILY NAME ARECES	FIRST GIVEN NAME Beatriz	SECOND GIVEN NAME Liliana
	RESIDENCE & CITIZENSHIP	CITY Milan	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Via Carlo Goldoni 1	CITY Milan	STATE & ZIP CODE/COUNTRY I-20129, Italy
207	FULL NAME OF INVENTOR	FAMILY NAME FARETTA	FIRST GIVEN NAME Mario	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY Corsico	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	STREET Via Turati 49	CITY Corsico	STATE & ZIP CODE/COUNTRY I-20094, Milan Italy

Combined Declaration for Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT-International Applications)

ATTORNEY'S DOCKET NUMBER
LEDER-0014

208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
210	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
211	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
212	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	DATE	SIGNATURE OF INVENTOR 207	DATE
	26/6/08		
SIGNATURE OF INVENTOR 202	DATE	SIGNATURE OF INVENTOR 208	DATE
	26/6/08		
SIGNATURE OF INVENTOR 203	DATE	SIGNATURE OF INVENTOR 209	DATE
	26/6/08		
SIGNATURE OF INVENTOR 204	DATE	SIGNATURE OF INVENTOR 210	DATE
	26/6/08		
SIGNATURE OF INVENTOR 205	DATE	SIGNATURE OF INVENTOR 211	DATE
	26/06/08		
SIGNATURE OF INVENTOR 206	DATE	SIGNATURE OF INVENTOR 212	DATE
	26/06/08		